

NDI 674D SAMPLES
INDEX

- Sample 1 - IDL and Regular Pay
- Sample 2 - IDL Pay
- Sample 3 - Additional NDI Pay
- Sample 4 - NDI and Regular Pay, Full Month Released
- Sample 5 - NDI Pay for Two Positions
- Sample 6 - NDI and Supplementation for Annual Leave
- Sample 7 - NDI and Sick Leave Subsidy
- Sample 8 - NDI and Regular Pay for Semi-Monthly
- Sample 9 - Working While on NDI

TO: STATE CONTROLLER - PPSD / PAYROLL SERVICES

1. CBID

2. SOCIAL SECURITY NUMBER

3. FIRST & MIDDLE INITIAL AND LAST NAME

4. POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1.				
2.				

5. PAY PERIOD

T	MO	YR

6. INTERVENING ACTIVITY/WORKING WHILE ON DISABILITY - ENTER NUMBER OF HOURS & CODE (W-WORKED, L-DOCK, C-IDL)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

7. INDUSTRIAL DISABILITY (IDL)

a. EMPLOYEE ON IDL FROM _____
THROUGH _____

b. EXCLUDE LOCKED-IN SPECIAL PAY:

EARNINGS ID(S) _____
AND RATE(S) \$ _____

c. _____ EMPLOYEE ENTITLED TO ENHANCE IDL

9. PAYMENT PER CONTROLLER

ISSUE DATE				TIME WORKED		WARRANT OR A/R NUMBER	R E T
MO	DY	YR	PT	DAYS	HOURS		

11. ADDITIONAL INFORMATION

8. NON-INDUSTRIAL DISABILITY (NDI)

a. EMPLOYEE ON NDI FROM _____ FROM _____ TO _____

b. SALARY IS BELOW NDI MAXIMUM RATE.
INCLUDE NON-LOCKED-IN SHIFT

CODE _____ AND RATE \$ _____

c. AVERAGE HOURS WORKED DURING PREVIOUS 18 MONTHS FOR INTERMITTENT EMPLOYEE

WAS _____


d. _____ EMPLOYEE ON ANNUAL LEAVE PROGRAM
ELECTED _____ SUPPLEMENTATION

10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED		TIMEBASE FRACTION
		DAYS	HOURS	
REGULAR	0			
NDI	T			
IDL FULL	6			
IDL 2/3	N			
SHIFT		SHIFT CODE	HOURS	SHIFT RATE
REGULAR	2			
IDL FULL	6			
IDL 2/3	N			

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674D, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.

12. AUTHORIZED SIGNATURE _____ DATE _____

 13. CONTACT PERSON (If other than authorized signature) _____

14. TELEPHONE NUMBER (Include Area Code) _____

SCO USE ONLY

1 OR 2	DOC. TYPE			PAY PERIOD			TIME TO BE PAID							SALARY RATE						P T	A P	OFFSET AMOUNT						NDI GROSS						PT SF	S T	EARNINGS ID								
				T	MONTH	YR	DAYS	HRS. & HDTHS				DOLLARS				CENTS		DOLLARS				CENTS			DOLLARS			CENTS																
	1	2	3	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	
	6	8	1																																									

TO: STATE CONTROLLER - PPSD / PAYROLL SERVICES

1. CBID

2. SOCIAL SECURITY NUMBER

3. FIRST & MIDDLE INITIAL AND LAST NAME

4. POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1.				
2.				

5. PAY PERIOD

T	MO	YR

6. INTERVENING ACTIVITY/WORKING WHILE ON DISABILITY - ENTER NUMBER OF HOURS & CODE (W-WORKED, L-DOCK, C-IDL)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

7. INDUSTRIAL DISABILITY (IDL)

a. EMPLOYEE ON IDL FROM _____
THROUGH _____

b. EXCLUDE LOCKED-IN SPECIAL PAY:

EARNINGS ID(S) _____
AND RATE(S) \$ _____

c. _____ EMPLOYEE ENTITLED TO ENHANCE IDL

9. PAYMENT PER CONTROLLER

ISSUE DATE				TIME WORKED		WARRANT OR A/R NUMBER	RET
MO	DY	YR	PT	DAYS	HOURS		

11. ADDITIONAL INFORMATION

8. NON-INDUSTRIAL DISABILITY (NDI)

a. EMPLOYEE ON NDI FROM _____ FROM _____ TO _____

b. SALARY IS BELOW NDI MAXIMUM RATE.
INCLUDE NON-LOCKED-IN SHIFT

CODE _____ AND RATE \$ _____

c. AVERAGE HOURS WORKED DURING PREVIOUS 18 MONTHS FOR INTERMITTENT EMPLOYEE

WAS _____

d. _____ EMPLOYEE ON ANNUAL LEAVE PROGRAM
ELECTED _____ SUPPLEMENTATION


10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED		TIMEBASE FRACTION
		DAYS	HOURS	
REGULAR	0			
NDI	T			
IDL FULL	6			
IDL 2/3	N			

SHIFT		SHIFT CODE	HOURS	SHIFT RATE
REGULAR	2			
IDL FULL	6			
IDL 2/3	N			

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674D, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.

12. AUTHORIZED SIGNATURE _____ DATE _____

 _____
13. CONTACT PERSON (If other than authorized signature)

14. TELEPHONE NUMBER (Include Area Code) _____

SCO USE ONLY

1 OR 2	DOC. TYPE			PAY PERIOD			TIME TO BE PAID							SALARY RATE						P T	A P	OFFSET AMOUNT						NDI GROSS						PT SF	S T	EARNINGS ID								
				T	MONTH	YR	DAYS	HRS. & HDTHS				DOLLARS				CENTS		DOLLARS				CENTS			DOLLARS			CENTS																
	1	2	3	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	
	6	8	1																																									

TO: STATE CONTROLLER - PPSD / PAYROLL SERVICES

1. CBID

2. SOCIAL SECURITY NUMBER

3. FIRST & MIDDLE INITIAL AND LAST NAME

4. POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1.				
2.				

5. PAY PERIOD

T	MO	YR

6. INTERVENING ACTIVITY/WORKING WHILE ON DISABILITY - ENTER NUMBER OF HOURS & CODE (W-WORKED, L-DOCK, C-IDL)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

7. INDUSTRIAL DISABILITY (IDL)

a. EMPLOYEE ON IDL FROM _____
THROUGH _____

b. EXCLUDE LOCKED-IN SPECIAL PAY:

EARNINGS ID(S) _____
AND RATE(S) \$ _____

c. _____ EMPLOYEE ENTITLED TO ENHANCE IDL

9. PAYMENT PER CONTROLLER

ISSUE DATE				TIME WORKED		WARRANT OR A/R NUMBER	RET
MO	DY	YR	PT	DAYS	HOURS		

11. ADDITIONAL INFORMATION

8. NON-INDUSTRIAL DISABILITY (NDI)

a. EMPLOYEE ON NDI FROM _____ FROM _____ TO _____

b. SALARY IS BELOW NDI MAXIMUM RATE.
INCLUDE NON-LOCKED-IN SHIFT

CODE _____ AND RATE \$ _____

c. AVERAGE HOURS WORKED DURING PREVIOUS 18 MONTHS FOR INTERMITTENT EMPLOYEE

WAS _____

d. _____ EMPLOYEE ON ANNUAL LEAVE PROGRAM
ELECTED _____ SUPPLEMENTATION


10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED		TIMEBASE FRACTION
		DAYS	HOURS	
REGULAR	0			
NDI	T			
IDL FULL	6			
IDL 2/3	N			

SHIFT		SHIFT CODE	HOURS	SHIFT RATE
REGULAR	2			
IDL FULL	6			
IDL 2/3	N			

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674D, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.

12. AUTHORIZED SIGNATURE _____ DATE _____

 _____
13. CONTACT PERSON (If other than authorized signature)

14. TELEPHONE NUMBER (Include Area Code) _____

SCO USE ONLY

1 OR 2	DOC. TYPE			PAY PERIOD			TIME TO BE PAID							SALARY RATE						P T	A P	OFFSET AMOUNT						NDI GROSS						PT SF	S T	EARNINGS ID								
				T	MONTH	YR	DAYS	HRS. & HDTHS				DOLLARS				CENTS		DOLLARS				CENTS			DOLLARS			CENTS																
	1	2	3	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	
	6	8	1																																									

TO: STATE CONTROLLER - PPSD / PAYROLL SERVICES

1. CBID

2. SOCIAL SECURITY NUMBER

3. FIRST & MIDDLE INITIAL AND LAST NAME

4. POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1.				
2.				

5. PAY PERIOD

T	MO	YR

6. INTERVENING ACTIVITY/WORKING WHILE ON DISABILITY - ENTER NUMBER OF HOURS & CODE (W-WORKED, L-DOCK, C-IDL)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

7. INDUSTRIAL DISABILITY (IDL)

a. EMPLOYEE ON IDL FROM _____
THROUGH _____

b. EXCLUDE LOCKED-IN SPECIAL PAY:

EARNINGS ID(S) _____
AND RATE(S) \$ _____

c. _____ EMPLOYEE ENTITLED TO ENHANCE IDL

9. PAYMENT PER CONTROLLER

ISSUE DATE				TIME WORKED		WARRANT OR A/R NUMBER	R E T
MO	DY	YR	PT	DAYS	HOURS		

11. ADDITIONAL INFORMATION

8. NON-INDUSTRIAL DISABILITY (NDI)

a. EMPLOYEE ON NDI FROM _____ FROM _____ TO _____

b. SALARY IS BELOW NDI MAXIMUM RATE.
INCLUDE NON-LOCKED-IN SHIFT

CODE _____ AND RATE \$ _____

c. AVERAGE HOURS WORKED DURING PREVIOUS 18 MONTHS FOR INTERMITTENT EMPLOYEE

WAS _____


d. _____ EMPLOYEE ON ANNUAL LEAVE PROGRAM
ELECTED _____ SUPPLEMENTATION

10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED		TIMEBASE FRACTION
		DAYS	HOURS	
REGULAR	0			
NDI	T			
IDL FULL	6			
IDL 2/3	N			
SHIFT		SHIFT CODE	HOURS	SHIFT RATE
REGULAR	2			
IDL FULL	6			
IDL 2/3	N			

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674D, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.

12. AUTHORIZED SIGNATURE _____ DATE _____

 _____
13. CONTACT PERSON (If other than authorized signature)

14. TELEPHONE NUMBER (Include Area Code) _____

SCO USE ONLY

1 OR 2	DOC. TYPE			PAY PERIOD			TIME TO BE PAID							SALARY RATE						P T	A P	OFFSET AMOUNT						NDI GROSS						PT SF	S T	EARNINGS ID								
				T	MONTH		YR	DAYS		HRS. & HDTHS					DOLLARS							CENTS	DOLLARS			CENTS			DOLLARS			CENTS												
	1	2	3	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	
	6	8	1																																									

TO: STATE CONTROLLER - PPSD / PAYROLL SERVICES

1. CBID

2. SOCIAL SECURITY NUMBER

3. FIRST & MIDDLE INITIAL AND LAST NAME

4. POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1.				
2.				

5. PAY PERIOD

T	MO	YR

6. INTERVENING ACTIVITY/WORKING WHILE ON DISABILITY - ENTER NUMBER OF HOURS & CODE (W-WORKED, L-DOCK, C-IDL)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

7. INDUSTRIAL DISABILITY (IDL)

a. EMPLOYEE ON IDL FROM _____
THROUGH _____

b. EXCLUDE LOCKED-IN SPECIAL PAY:

EARNINGS ID(S) _____
AND RATE(S) \$ _____

c. _____ EMPLOYEE ENTITLED TO ENHANCE IDL

9. PAYMENT PER CONTROLLER

ISSUE DATE				TIME WORKED		WARRANT OR A/R NUMBER	R E T
MO	DY	YR	PT	DAYS	HOURS		

11. ADDITIONAL INFORMATION

8. NON-INDUSTRIAL DISABILITY (NDI)

a. EMPLOYEE ON NDI FROM _____ FROM _____ TO _____

b. SALARY IS BELOW NDI MAXIMUM RATE.
INCLUDE NON-LOCKED-IN SHIFT

CODE _____ AND RATE \$ _____

c. AVERAGE HOURS WORKED DURING PREVIOUS 18 MONTHS FOR INTERMITTENT EMPLOYEE

WAS _____


d. _____ EMPLOYEE ON ANNUAL LEAVE PROGRAM
ELECTED _____ SUPPLEMENTATION

10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED		TIMEBASE FRACTION
		DAYS	HOURS	
REGULAR	0			
NDI	T			
IDL FULL	6			
IDL 2/3	N			
SHIFT		SHIFT CODE	HOURS	SHIFT RATE
REGULAR	2			
IDL FULL	6			
IDL 2/3	N			

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674D, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.

12. AUTHORIZED SIGNATURE _____ DATE _____

 13. CONTACT PERSON (If other than authorized signature) _____

14. TELEPHONE NUMBER (Include Area Code) _____

SCO USE ONLY

1 OR 2	DOC. TYPE			PAY PERIOD			TIME TO BE PAID							SALARY RATE						P T	A P	OFFSET AMOUNT						NDI GROSS						PT SF	S T	EARNINGS ID								
				T	MONTH		YR	DAYS		HRS. & HDTHS					DOLLARS		CENTS					DOLLARS		CENTS				DOLLARS		CENTS														
	1	2	3	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	
	6	8	1																																									

TO: STATE CONTROLLER - PPSD / PAYROLL SERVICES

1. CBID

2. SOCIAL SECURITY NUMBER

3. FIRST & MIDDLE INITIAL AND LAST NAME

4. POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1.				
2.				

5. PAY PERIOD

T	MO	YR

6. INTERVENING ACTIVITY/WORKING WHILE ON DISABILITY - ENTER NUMBER OF HOURS & CODE (W-WORKED, L-DOCK, C-IDL)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

7. INDUSTRIAL DISABILITY (IDL)

a. EMPLOYEE ON IDL FROM _____
THROUGH _____

b. EXCLUDE LOCKED-IN SPECIAL PAY:

EARNINGS ID(S) _____
AND RATE(S) \$ _____

c. _____ EMPLOYEE ENTITLED TO ENHANCE IDL

9. PAYMENT PER CONTROLLER

ISSUE DATE				TIME WORKED		WARRANT OR A/R NUMBER	R E T
MO	DY	YR	PT	DAYS	HOURS		

11. ADDITIONAL INFORMATION

8. NON-INDUSTRIAL DISABILITY (NDI)

a. EMPLOYEE ON NDI FROM _____ FROM _____ TO _____

b. SALARY IS BELOW NDI MAXIMUM RATE.
INCLUDE NON-LOCKED-IN SHIFT

CODE _____ AND RATE \$ _____

c. AVERAGE HOURS WORKED DURING PREVIOUS 18 MONTHS FOR INTERMITTENT EMPLOYEE

WAS _____


d. _____ EMPLOYEE ON ANNUAL LEAVE PROGRAM
ELECTED _____ SUPPLEMENTATION

10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED		TIMEBASE FRACTION
		DAYS	HOURS	
REGULAR	0			
NDI	T			
IDL FULL	6			
IDL 2/3	N			
SHIFT		SHIFT CODE	HOURS	SHIFT RATE
REGULAR	2			
IDL FULL	6			
IDL 2/3	N			

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674D, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.

12. AUTHORIZED SIGNATURE _____ DATE _____

 13. CONTACT PERSON (If other than authorized signature) _____

14. TELEPHONE NUMBER (Include Area Code) _____

SCO USE ONLY

1 OR 2	DOC. TYPE			PAY PERIOD			TIME TO BE PAID							SALARY RATE						P T	A P	OFFSET AMOUNT						NDI GROSS						PT SF	S T	EARNINGS ID								
				T	MONTH		YR	DAYS		HRS. & HDTHS					DOLLARS		CENTS					DOLLARS		CENTS				DOLLARS		CENTS														
	1	2	3	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	
	6	8	1																																									

TO: STATE CONTROLLER - PPSD / PAYROLL SERVICES

1. CBID

2. SOCIAL SECURITY NUMBER

3. FIRST & MIDDLE INITIAL AND LAST NAME

4. POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1.				
2.				

5. PAY PERIOD

T	MO	YR

6. INTERVENING ACTIVITY/WORKING WHILE ON DISABILITY - ENTER NUMBER OF HOURS & CODE (W-WORKED, L-DOCK, C-IDL)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

7. INDUSTRIAL DISABILITY (IDL)

a. EMPLOYEE ON IDL FROM _____
THROUGH _____

b. EXCLUDE LOCKED-IN SPECIAL PAY:

EARNINGS ID(S) _____
AND RATE(S) \$ _____

c. _____ EMPLOYEE ENTITLED TO ENHANCE IDL

9. PAYMENT PER CONTROLLER

ISSUE DATE				TIME WORKED		WARRANT OR A/R NUMBER	R E T
MO	DY	YR	PT	DAYS	HOURS		

11. ADDITIONAL INFORMATION

8. NON-INDUSTRIAL DISABILITY (NDI)

a. EMPLOYEE ON NDI FROM _____ FROM _____ TO _____

b. SALARY IS BELOW NDI MAXIMUM RATE.
INCLUDE NON-LOCKED-IN SHIFT

CODE _____ AND RATE \$ _____

c. AVERAGE HOURS WORKED DURING PREVIOUS 18 MONTHS FOR INTERMITTENT EMPLOYEE

WAS _____


d. _____ EMPLOYEE ON ANNUAL LEAVE PROGRAM
ELECTED _____ SUPPLEMENTATION

10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED		TIMEBASE FRACTION
		DAYS	HOURS	
REGULAR	0			
NDI	T			
IDL FULL	6			
IDL 2/3	N			
SHIFT		SHIFT CODE	HOURS	SHIFT RATE
REGULAR	2			
IDL FULL	6			
IDL 2/3	N			

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674D, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.

12. AUTHORIZED SIGNATURE _____ DATE _____

 13. CONTACT PERSON (If other than authorized signature) _____

14. TELEPHONE NUMBER (Include Area Code) _____

SCO USE ONLY

1 OR 2	DOC. TYPE			PAY PERIOD			TIME TO BE PAID							SALARY RATE						P T	A P	OFFSET AMOUNT						NDI GROSS						PT SF	S T	EARNINGS ID							
				T	MONTH		YR	DAYS		HRS. & HDTHS					DOLLARS				CENTS			DOLLARS			CENTS			DOLLARS			CENTS												
	1	2	3	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70
	6	8	1																																								

TO: STATE CONTROLLER - PPSD / PAYROLL SERVICES

1. CBID

2. SOCIAL SECURITY NUMBER

3. FIRST & MIDDLE INITIAL AND LAST NAME

5. PAY PERIOD

6. INTERVENING ACTIVITY/WORKING WHILE ON DISABILITY - ENTER NUMBER OF HOURS & CODE (W-WORKED, L-DOCK, C-IDL)

4. POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1.				
2.				

T	MO	YR

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

7. INDUSTRIAL DISABILITY (IDL)

a. EMPLOYEE ON IDL FROM _____ THROUGH _____

b. EXCLUDE LOCKED-IN SPECIAL PAY:

EARNINGS ID(S) _____

AND RATE(S) \$ _____

c. _____ EMPLOYEE ENTITLED TO ENHANCE IDL

8. NON-INDUSTRIAL DISABILITY (NDI)

a. EMPLOYEE ON NDI FROM _____ FROM _____ TO _____

b. SALARY IS BELOW NDI MAXIMUM RATE.
INCLUDE NON-LOCKED-IN SHIFT

CODE _____ AND RATE \$ _____

c. AVERAGE HOURS WORKED DURING PREVIOUS 18 MONTHS FOR INTERMITTENT EMPLOYEE

WAS _____

d. _____ EMPLOYEE ON ANNUAL LEAVE PROGRAM

ELECTED _____ SUPPLEMENTATION

9. PAYMENT PER CONTROLLER

ISSUE DATE				TIME WORKED		WARRANT OR A/R NUMBER	RET
MO	DY	YR	PT	DAYS	HOURS		

10. PAYMENT SHOULD BE


TYPE	PT	TIME WORKED		TIMEBASE FRACTION
		DAYS	HOURS	
REGULAR	0			
NDI	T			
IDL FULL	6			
IDL 2/3	N			

SHIFT		SHIFT CODE	HOURS	SHIFT RATE
REGULAR	2			
IDL FULL	6			
IDL 2/3	N			

11. ADDITIONAL INFORMATION

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674D, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.

12. AUTHORIZED SIGNATURE _____ DATE _____

 _____
13. CONTACT PERSON (If other than authorized signature)

14. TELEPHONE NUMBER (Include Area Code) _____

SCO USE ONLY

1 OR 2	DOC. TYPE			PAY PERIOD			TIME TO BE PAID							SALARY RATE						P T	A P	OFFSET AMOUNT						NDI GROSS						PT SF	S T	EARNINGS ID								
				T	MONTH	YR	DAYS	HRS. & HDTHS				DOLLARS				CENTS		DOLLARS				CENTS			DOLLARS			CENTS																
	1	2	3	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	
	6	8	1																																									

TO: STATE CONTROLLER - PPSD / PAYROLL SERVICES

1. CBID

2. SOCIAL SECURITY NUMBER

3. FIRST & MIDDLE INITIAL AND LAST NAME

5. PAY PERIOD

6. INTERVENING ACTIVITY/WORKING WHILE ON DISABILITY - ENTER NUMBER OF HOURS & CODE (W-WORKED, L-DOCK, C-IDL)

4. POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1.				
2.				

T	MO	YR

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

7. INDUSTRIAL DISABILITY (IDL)

a. EMPLOYEE ON IDL FROM _____ THROUGH _____

b. EXCLUDE LOCKED-IN SPECIAL PAY:
EARNINGS ID(S) _____ AND RATE(S) \$ _____

c. _____ EMPLOYEE ENTITLED TO ENHANCE IDL

8. NON-INDUSTRIAL DISABILITY (NDI)

a. EMPLOYEE ON NDI FROM _____ FROM _____ TO _____

b. SALARY IS BELOW NDI MAXIMUM RATE. INCLUDE NON-LOCKED-IN SHIFT
CODE _____ AND RATE \$ _____

c. AVERAGE HOURS WORKED DURING PREVIOUS 18 MONTHS FOR INTERMITTENT EMPLOYEE WAS _____

d. _____ EMPLOYEE ON ANNUAL LEAVE PROGRAM ELECTED _____ SUPPLEMENTATION

9. PAYMENT PER CONTROLLER

ISSUE DATE				TIME WORKED		WARRANT OR A/R NUMBER	RET
MO	DY	YR	PT	DAYS	HOURS		

10. PAYMENT SHOULD BE


TYPE	PT	TIME WORKED		TIMEBASE FRACTION
		DAYS	HOURS	
REGULAR	0			
NDI	T			
IDL FULL	6			
IDL 2/3	N			

SHIFT		SHIFT CODE	HOURS	SHIFT RATE
REGULAR	2			
IDL FULL	6			
IDL 2/3	N			

11. ADDITIONAL INFORMATION

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674D, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.

12. AUTHORIZED SIGNATURE _____ DATE _____

 13. CONTACT PERSON (If other than authorized signature) _____

14. TELEPHONE NUMBER (Include Area Code) _____

SCO USE ONLY

1 OR 2	DOC. TYPE			PAY PERIOD			TIME TO BE PAID							SALARY RATE						P T	A P	OFFSET AMOUNT						NDI GROSS						PT SF	S T	EARNINGS ID								
				T	MONTH	YR	DAYS	HRS. & HDTHS							DOLLARS							CENTS		DOLLARS			CENTS			DOLLARS						CENTS								
	1	2	3	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	
	6	8	1																																									